

**Iowa Department of Education  
State Improvement Plan for IDEA/ PART C**

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**Desired Outcome I:** Effective general supervision of the implementation of the Individuals with Disabilities Education Act/ Part C is ensured through the lead agency's development and utilization of mechanisms and activities conducted in partnership with signatory and partnering agencies.

**Roles and Responsibilities of Lead Agency, Council, Signatory Agencies and Community Partners**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
<p>A clear, single line of responsibility for implementation of IDEA/Part C has not been established in the state.</p> <p>The role and responsibilities of signatory agencies in the management of the Early ACCESS system and their role on the State Council needs clarification.</p> <p>The State Council does not perform all required duties.</p>	Establish a single line of authority for the Early ACCESS system.	Administrative rules that articulate the role and responsibilities of lead agency.	3 months
		Governor re-designates Dept of Education as lead agency.	3 months
	Establish roles and relationships among lead agency, signatory agencies, ICC, state staff, grantees, regional community representatives of signatory agencies,	A signed memorandum of agreement.	3 months
		Administrative rules articulate roles and responsibilities.	3 months
	Complete a memorandum of agreement between Iowa Departments of Education, Public Health and Human Services and Child Health Specialty Clinics.	Each signatory agency identifies roles, responsibilities and relationships within the Early ACCESS system.	3 months
	State Council and Executive Committee identifies opportunities for Council to advise and assist in each of its regulatory duties.	Bylaws of State Council are changed to include reorganization of Executive Committee and their responsibilities.	3 months
		Adoption of Administrative Rules.	3 months
		Minutes of Council and Executive Committee document activities related to advise and assist responsibilities.	12 months

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**Interagency Data System**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
<p>Iowa does not collect data necessary for monitoring of compliance at the local, regional or state level.</p> <p>Iowa infants and their families are under-identified for early intervention services. Only 1.2% of children under age 3 and their families receive services under Part C. It is estimated that at least 2% of children and their families are eligible for services. It is not currently possible to document information concerning referral by primary referral sources and collaborating agencies.</p> <p>The state lacks a system for determining whether children and families receive necessary and appropriate services when transitioning from Part C to Part B or other services. In particular, there is currently no way to monitor the outcomes for children transitioning from Part C who enter Part B or other services.</p> <p>Iowa's early intervention system lacks information about coordination of available resources for services within the state.</p> <p>Effective interagency collaboration requires sharing information about referrals, services, and allocation of resources by participating agencies in addition to providing effective service coordination. Among these participating agencies are non-early intervention services, such as respite care.</p>	<p>Lead Agency and state staff in collaboration with Executive Committee/Iowa Council of EA will:</p> <ul style="list-style-type: none"> <li>• Identify appropriate state staff and external consultants.</li> <li>• Identify an interagency data team including key stakeholders at state and local levels to assess data needs and make recommendations regarding data elements and system collaboration.</li> <li>• Develop procedures to collect and analyze data.</li> <li>• Train and implement.</li> </ul>	<p>An interagency data system is established and used for monitoring.</p>	<p>12 months</p>

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**Monitoring**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
The Department of Education (lead agency) has not ensured that all programs are monitored and that monitoring is effective in identifying and correcting all non-compliance in local programs providing early intervention services.	Implement an interagency monitoring and continuous improvement system.	Interagency monitoring system (elements, processes, and timelines) is agreed upon by signatory agencies and documented.	6 months
		Monitoring system is piloted in one region.	9 months
		Full implementation of monitoring system statewide.	12 months
		Technical assistance is provided based on identified needs.	12 months

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**Coordinate all resources in the State**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
All resources in the State are not coordinated or identified.	Establish an interagency finance workgroup.	A signed memorandum of agreement outlining financial commitments of signatory agencies.	3 months
Current financial resources of early intervention providers are not coordinated.	Seek assistance from the council to identify fiscal and support resources.	Council action plan and minutes document activities to identify sources of fiscal and support resources.	12 months
Reliance on education-funded services does not meet the needs of an interagency system.	Identify and work to obtain needed financial supports for components of the system: <ul style="list-style-type: none"> <li>▪ Evaluation <ul style="list-style-type: none"> <li>▪ Service Coordination</li> <li>▪ Determining eligibility and IFSP development</li> </ul> </li> </ul>	Number/percentage of non-education-funded providers of evaluations and service coordination increases.	12 months
Fee-for-service providers are under-funded and unable to provide needed early intervention services.			
SICC is not being utilized to assist in the identification of sources of fiscal and other support services	Identify specific bureau's or programs within each signatory agency that provides the various components of the system.		
	Identify funding support for public-funded and fee-for-service providers that align with Rules regarding no charge to families, insurance protections, etc.		
	Train Service Coordinators in funding sources & procedures.	Service Coordinators completed training for funding sources & procedures.	12 months
	Revise Resource guide that assists families and service coordinators in locating and accessing resources and services across agency lines.	EA Resource guide is disseminated.	3 months
	Develop procedures for data collection and sharing between Early Hearing Detection & Intervention (EHDI) and EA system.	Procedures for data collection and sharing between Early Hearing Detection & Intervention and EA system are defined and agreed upon.	12 months
	Clarify roles and enhance the capacity of hospital-based High Risk Follow Up programs to refer children to EA.	Referral procedures from hospital and clinic-based programs to Early ACCESS are documented and agreed upon. Referrals from high risk follow-up programs increases.	9 months 12 months

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**Desired Outcome II:** Eligible infants and toddlers and their families receive needed early intervention services in natural environments appropriate for the child and family.

**Services, Service Coordination, and IFSP**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
<p>Service Coordinators are not performing all duties required by Part C.</p> <p>Reliance on education-agency service coordinators does not meet the needs of an interagency system.</p>	<p>Signatory agencies will agree to a family centered service coordination system that includes:</p> <ul style="list-style-type: none"> <li>that services are coordinated across agencies</li> <li>that each child/family has one service coordinator to assist the family obtain all services identified in the IFSP, that the service coordinator coordinates all early intervention services, resources, and other services needed by the child and family and</li> <li>that the early intervention services needed by the child and family are included in the IFSP.</li> </ul> <p>The plan will include: selection process, job responsibilities, method of determination of assignment to the family, competency-based training program, and development of a regional interagency pool.</p>	<p>Each signatory agency has a plan in place that includes job descriptions, policies and procedures for carrying out their role in the family-centered service coordination system.</p>	3 months
		<p>Evaluation methods indicate that there is one service coordinator identified for each family.</p>	12 months
	<p>Incorporate agreed-upon elements into contracts, policies, procedures, training.</p>	<p>Regional policies and procedures document agreed upon elements.</p>	12 months
	<p>Develop competency-based training program for service coordinators. Training must include:</p> <ul style="list-style-type: none"> <li>responsibilities for identifying ALL needed services (EIS and other) and document on IFSP.</li> <li>Assessment of Family supports</li> <li>Identification and documentation of Family specific outcomes</li> <li>Emphasis on accessing transportation services</li> </ul>	<p>Competency-based training program with agreed upon elements is documented and provided.</p>	12 months
		<p>Increase in number of agencies providing service coordination.</p>	12 months

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<p>IFSPs do not include all early intervention and other services as required by Part C regulations</p> <p>Services and supports necessary to enhance the family's capacity to meet the developmental needs of their child are not consistently identified and included in a statement of the specific services needed to meet the unique needs of the child and family on the IFSP</p> <p>Family outcomes are not included in the IFSP.</p> <p>When it is determined that services will not be provided in the natural environment, a justification statement is not included in the IFSP.</p> <p>Transportation is not discussed at the IFSP meeting and, if needed, would not be provided as an early intervention service.</p>	<p>Develop and implement agreed-upon IFSP process that is family centered and offers options to interagency partners.</p> <p>Agreed-upon IFSP process will address</p> <ul style="list-style-type: none"> <li>• specific early intervention services necessary to meet the unique needs of the child and family to the extent appropriate including medical, social, and other services not required by Part C.</li> <li>• a family assessment including issues of family supports</li> <li>• Family specific outcomes.</li> <li>• Documentation of the justification for not providing services in the natural environment.</li> </ul> <p>Baseline data are gathered regarding transportation services.</p> <p>Guidance on transportation services is disseminated.</p> <p>Each region identifies local transportation resources and develops plan for improving access and financial arrangements.</p> <p>Identify monitoring items and include in monitoring procedures.</p>	<p>Guidance and procedures for IFSP process is disseminated..</p> <p>Monitoring process indicates IFSPs include:</p> <ul style="list-style-type: none"> <li>• specific early intervention services necessary to meet the unique needs of the child and family to the extent appropriate including medical, social, and other services not required by Part C.</li> <li>• a family assessment including issues of family supports</li> <li>• Family specific outcomes and appropriate services</li> <li>• Documentation of the justification for not providing services in the natural environment.</li> </ul> <p>Guidance on Transportation Services is disseminated.</p> <p>Each region has a transportation plan on file.</p> <p>Number of transportation services provided to children increases.</p> <p>Increase in number of other services provided (non-required services - e.g. medical and social services ).</p>	<p>12 months</p> <p>12 months</p> <p>9 months</p> <p>12 months</p> <p>12 months</p> <p>12 months</p>
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**Desired Outcome III:** All eligible infants and toddlers are identified, referred and evaluated.

**Early Identification**

Baseline Information	Improvement Strategies	Evidence of Change & Benchmarks	Timeline
Not all children who may be eligible for early intervention services are located and evaluated to determine their eligibility for Part C services	Implement coordinated interagency public awareness and child find activities.	A signed memorandum of agreement of signatory agencies regarding public awareness and child find activities.	3 months
IDE with the assistance of the council does not ensure coordination of child find.	Establish coordinated, interagency screening and referral procedures across signatory agencies and appropriate public and private community partners.	Relationship of special education birth mandate within Early ACCESS system is clarified/documented.	9 months
Criteria for determining eligibility to Part C is not consistent statewide.	<ul style="list-style-type: none"> <li>▪ Develop data collection procedures.</li> <li>▪ Refine the current 800# system to be the single access number for families and referral sources.</li> <li>▪ Develop a statewide dissemination plan that coordinates at the state and regional level to assure coverage and reduces duplication.</li> <li>▪ Standardize physician and partnering agencies' screening tools and procedures.</li> </ul>	Procedures for child find are documented.	12 months
Not all children are evaluated in the five required developmental areas.		Dissemination of child find/public awareness materials according to statewide plan.	12 months
Children are not evaluated within the 45 day timeline.		Data for evaluating public awareness and child find are agreed upon (see Interagency Data System Focus Area).	12 months
There are not activities developed in all areas of the state to ensure the identification of eligible children who are part of the traditionally underserved populations, including minority populations, low income groups, and rural families.		Procedures for data collection and sharing between Early Hearing Detection & Intervention and EA system are defined and agreed upon (see Coordination of Resources Focus Area).	9 months
		Referrals increased from hospital-based newborn hearing screeners.	12 months
		Referrals increase from Hospital based high risk follow-up programs	3 months
		Guidance on communication procedures between Early ACCESS service coordinators and referral sources.	

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	Clarify and agree upon criteria for eligibility including the definition of high probability for delay, who to refer, how to determine eligibility, definition of informed clinical opinion.	Agreed upon evaluation and assessment procedures are documented.	9 months
		Monitoring shows IFSPs/evaluation reports reflect Part C eligibility criteria have been used.	12 months
	Establish coordinated, interagency evaluation and assessment procedures across signatory agencies and appropriate public and private community partners.	Data for evaluating effectiveness of evaluation and eligibility determination are identified (see Interagency Data System).	12 months
	Evaluation procedures include requirements that each child is evaluated in all five developmental areas and is evaluated within 45 days of referral into Early ACCESS.	Monitoring methods identify children are evaluated in all five developmental areas and are evaluated within 45 days or have appropriate documentation for reasons why unable to meet timeline.	12 months